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Stammering

A Psychoanalytic Interpretation

ISADOR H. CORIAT

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STAMMERING

A PSYCHOANALYTIC INTERPRETATION

BY

Isador H. Coriat, M.D.

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1928

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INTRODUCTION

This volume is an amplification of various contributions to the theory of stammering, one of which was published more than ten years ago. My latest conceptions were embodied in a paper entitled "The Oral-Erotic Components of Stammering" read before the Ninth International Psychoanalytical Congress, held in Bad-Homburg during September 1925, published in the International Journal of Psycho-Analysis (Volume 8, Part 1, January 1927) and also in a paper descriptive of certain types of resistance observed in the analytic treatment of stammerers (International Journal of Psycho-Analysis, Volume 7, Parts 3 and 4, October 1926).

These oral components were first noted in the analysis of stammerers in 1913 and 1914, but their fundamental significance did not become completely intelligible until several years later. It was necessary to delay the investigation until analytic material could be supplied from a particular source of pregenital development, that of the specific meaning and setting of the oral libido. This empirical method had the advantage in that a premature systematic theory or an unsubstantial speculation was thereby avoided. It was this empirical method which was preferred by Freud in the presentation of analytic doctrines and in the development of the structure of psychoanalysis. So important are these oral components in the psychical evolution of stammering, that it is suggested that the term stammering be dropped from our descriptive classification and the term "oral neurosis" be substituted in its place.

The conception of stammering as elaborated in these pages, is consequently not a mere theoretical speculation or a philosophical system of ideas, but is the result of practical

experience in psychoanalysis. This work could not have been written without the science of psychoanalysis, a science which is characterized by the methods through which it works, that is, the exploration of the unconscious motivations and aims of mental life in the course of individual human development. As a result of this, psychoanalysis has developed a special theory and therapy of the neuroses, thereby illuminating the cause of stammering in a manner which would have been impossible without the various psychoanalytic concepts.

Many readers may find this volume somewhat technical, but I have preferred this method to that of diluting the fundamentals of psychoanalysis in order to make them intelligible by means of an abridgement or superficial outline. For only in this manner can we hope to understand what is conceived to be a theory of stammering which will stand the acid test of experience, particularly from the point of its genetic origin in the very earliest years of development and from the more practical approach to a scientific method of treatment. Stammering thus becomes a problem in genetic psychology and not a mere disturbance of speech.

Isador H. Coriat.

Boston, Massachusetts, February 1927.

CHAPTER I

Theories of Stammering

The various theories of stammering, as they have been elaborated in the past, are fragmentary and unscientific, for the principal reason that up to the period of more recent investigations, stammering has been considered erroneously and preëminently as a speech defect and treatment has been based accordingly upon these incorrect conceptions. These theories are about as worthless as were the speculations concerning infectious diseases before the discoveries of modern bacteriology. Up to the present antiquated and unscientific conjectures have prevailed in attempts to explain the origin and nature of stammering. This chapter will be limited to a brief descriptive and interpretative outline of the principal older theories; for further details the reader is referred to the historical retrospect in Gutzmann, Appelt and Bluemel.[1]

In a previous contribution,[2] the following statement was made: "A completely satisfactory theory of stammering must explain the abnormal mental reactions, conscious or unconscious, of the stammerer, as well as the various paradoxical disturbances of speech. The various modern theories of stammering, such as transient auditory amnesia, spastic neurosis of speech, localized motor obsessional neurosis, or as a form of hereditary tic, leave much to be desired. The only adequate explanation of stammering, an explanation which withstands the etiological and therapeutic test, is the psychogenetic one, namely, that we are dealing with a form of anxiety neurosis or anxiety hysteria which manifests itself mentally as morbid anxiety and a consequent dread of speaking, and physically, as the usual somatic accompani-

[1] See Bibliography at end of volume.

[2] "Stammering as a Psychoneurosis," *Journal of Abnormal Psychology*, Vol. IX, No. 6, 1915.

ments of morbid anxiety with the added mental tic of the speech mechanism."

On the basis of further analytical experience from the genetic standpoint it has been found necessary to somewhat revise these earlier conceptions without, however, changing the original viewpoint that stammering is preëminently a nervous disorder and not a mere speech defect.

From the earliest times the subject of stammering has been a riddle and this explains the many theories elaborated for this protean disorder, which so incapacitates human beings in their various daily social contacts. In the past, it has been exclusively the physical and physiological aspects which were emphasized. The fact that stammering may be closely associated with the individual's psychological development since early childhood, with the unfolding of the ego and libido instincts, was almost totally ignored. The most widely accepted theories of stammering, such as, that the auditory memory or power of visualization is defective, of incorrect respiration, or that stammerers were born left-handed and had been trained to use the right hand, contain nothing of any value. They not only confuse effect with cause, but at the same time formulate a conception which bears no relation to the individual's psychic development. The same criticism may be applied to those theories which claim stammering is produced by anatomical lesions or malformations of the organs of speech.

The earlier circulatory theories of stammering, namely, that it is produced by a cerebral congestion, has found its echo in more recent conceptions that stammering is the result of a circulatory increase in the brain volume. Attempts were made to link up this theory with the one which stated that stammering was caused by a transient auditory amnesia. The chief proponent of this theory (Bluemel), states as follows:[3]

[3] "Stammering and Cognate Defects of Speech," 1913 (Vol. I, p. 187). The italics are the author's.

"Now since the stammerer's difficulty is to produce the vowel and is not to produce *voice* per se, it is evident that his difficulty must be to produce the *vowel color* or *vowel-quality*. The *stammerer's difficulty* is *transient auditory amnesia:* he is unable to recall the sound image of the vowel that he wishes to enunciate."

An attempt has been made to correlate this theory of auditory amnesia with that of cerebral congestion. According to this conception, the cerebral congestion blurs mental imagery, especially the auditory verbal imagery, thus rendering it impossible for the stammerer for the time being to recall a part or a whole of the word he wishes to speak at the moment of articulation. The increase in brain volume in the auditory speech center becomes then the important factor in the production of stammering.

Why this verbal congestion should affect the auditory speech center alone is not discussed; in fact such an absolute limitation of circulatory disturbance under normal conditions, in the absence of any organic brain disease, is physiologically and anatomically unthinkable and impossible. If this theory had an adequate basis, why is it that all stammerers are able to sing without difficulty or read aloud when alone without any evidence of speech defect?

In fact, if stammerers are carefully questioned, it will be found that they are always able to recall the sound images of a vowel or consonant, the difficulty lying, not in the mental image, but in peripheral enunciation. If initial vowels and initial "h" are difficult to pronounce, this difficulty is not due to a hypothetical auditory amnesia, but because these particular sounds produce nothing to satisfy the oral libido by means of the labial muscles. This explanation will be more completely elaborated later in the course of this volume.[4]

The theory that stammering is produced by respiratory

[4] See particularly Chapter V.

difficulties or to a delay in vocalization, the latter caused by a lagging in laryngeal action, needs only to be mentioned in order to realize its absurdity. In fact, the respiratory and vocal apparatus of stammerers, as shown by laryngoscopic examination, is always found to be in a normal condition, and if there is any respiratory defect, this is an effect and not a cause.

Neither does stammering originate entirely in nervousness, fear or anxiety, as these emotional states are secondary effects and not causes. As previously stated,[5] "For the most part, the motivating mechanism which causes stammering is unknown to the sufferer, that is, it is unconscious, the only conscious action being that of anxiety and fear. The fear in stammerers is merely a protective mechanism."

It can be readily seen from this brief summary, that the physical theories of stammering are not only unsound, but fail to explain the anxiety and fears of stammerers, their character traits and their frequent apparently paradoxical speech reactions. If stammering is a psychoneurosis, then only an investigation into the ego and libido components of the stammerer, can illuminate the psychogenesis of the disorder and for such an investigation, psychoanalysis alone is indicated and must be utilized. Stammering has its roots in the very depths of human beings, and these depths must be explored by the most potent scientific instrument at our disposal. Psychoanalysis crystallizes the problem in terms of the libido, rejecting what is merely incidental and emphasizing what is individual. It thus becomes a problem of a three-dimensional genetic psychology in unravelling the hidden meaning of the speech defect and not a two-dimensional interpretation of the speech defect itself. There exists a definite genetic connection between stammering and a certain level of libido development.

[5] CORIAT, *loc. cit.*

CHAPTER II

Stammering as a Psychoneurosis

Psychoanalytic investigations have demonstrated that the neuroses may manifest themselves in the most manifold forms resulting from a conflict between the ego instincts and the sexual instincts.[1] Stammering is one of the severest forms of the psychoneuroses and is not merely a tic, an obsession, an auditory amnesia, a spasm of coördination of the muscles involved in speech, neither is it produced by a conflict of languages, according to the usual superficial interpretations of its pathogenesis. It is preëminently what may be termed an "oral neurosis."

All who have observed and treated cases of stammering have been impressed with several significant facts, namely, that the stammering as a rule did not originate simultaneously with the beginnings of speech in the child, and furthermore that the sufferer stammers only in specific situations or in the presence of certain individuals. The motivating mechanism which produces the stammering is unknown, in other words, it is unconscious, the only conscious reaction being that of morbid situation-anxiety and fear. The fear in stammerers is not the result of speaking, but is a protective mechanism to prevent complete betrayal of the primitive oral and anal-sadistic tendencies through speech, with the usual ambivalent trends of pleasure and resistance. Consequently the fear is a protector from anxiety, a condition found in all the neurotic anxiety states. What then is the cause of this disturbance of speech which unfits the sufferer from carrying out the duties of life and renders him more or less unsocial, if not actually anti-social? How and why does stammering arise out of the normal, delicately-balanced coördinative speech mechanism?

[1] Or rather the "libido" as an extended concept of sexuality.

In order to comprehend the problem of stammering it is necessary to understand the origin and development of speech in early childhood. As the thinking processes develop in the child, speech likewise evolves and in its turn becomes the instrument of thought. This interaction is very beautifully and poetically expressed by Shelley in "Prometheus Unbound."

> "He gave man speech, and speech created thought,
> Which is the measure of the universe."

The earliest sounds made by children are those relating to certain physiological functions of the body necessary to its well being, referring principally to nutrition, the parents, particularly the mother, and the processes of excretion. These primitive sounds or syllables are chosen with particular reference to bodily pleasures or omnipotent wishes. The child's natural needs, its nutrition and the evacuations from its body, are primary sources of pleasure and consequently the sounds utilized to identify these gratifications possess a distinctive narcissistic or egoistic interest. In the development of speech, oral, cannibalistic, anal and sadistic fixations are more or less successfully sublimated. It is only later in this development that speech becomes one of the highest forms of sublimation, when it expresses the most abstract and symbolic ideas in the process of thinking.

In this rudimentary speech, which at first appears to be merely a combination of meaningless noises, there can be found syllables referring to the child's organic needs, the apparently disconnected sounds it has imitated from the soothing tones of the mother in the act of nursing or the rhythmic syllables with which the mother attempts to put the child to sleep. This language comprises not only the entire world of the child, but it likewise constitutes a bond between the mother and the resting or nursing infant. The earliest sounds or syllable-repetitions are those connected

with nutrition. "The fact that children frequently hold fast so long to their first-year baby talk, and furthermore that it tends to return in adult life in moments when affection is felt at its highest, gives evidence of the need of love—love as conceived in the very earliest childhood,—a need then poorly expressed in words but shown by means of gestures and seemingly senseless words." [2]

In his discussion of the various stages in the development of the sense of reality, a paper antedating by several years the more recent psychoanalytic investigations on regression to the earliest stages of libido development, Ferenczi [3] makes the following significant statements, which are of value for an understanding of the earliest manifestations of speech in childhood. "As the wishes take more and more special forms with development they demand increasingly specialized signals. To begin with are such as, imitations of the movement of sucking with the mouth when the infant wants to be fed and the characteristic expressions by means of the voice and abdominal pressing when it wants to be cleaned after excreting. The child gradually learns also to stretch out its hands for the objects that it wants. From this is developed later a regular gesture language; [4] by suitable combinations of gestures the child is able to express quite special needs, which then are very often actually satisfied, so that if only it keeps to the condition of the expression of wishes by means of corresponding gestures —the child can still appear to itself as omnipotent."

[2] H. von Hug-Hellmuth, "A Study of the Mental Life of the Child," Monograph No. 29. One of the most profound and comprehensive works on the mental development of infancy and early childhood. Her untimely death in 1924 removed one of the deepest and most earnest students of child-psychology—one who discussed with absolute frankness the complete development of the child without giving a false picture of a sexless and emotionless human being, as in so many contemporary writings on the preschool child.

[3] Ferenczi, "Contributions to Psychoanalysis," Chapter VIII. 1916.

[4] This "gesture language" is often seen in adult stammerers (and to a lesser extent in nonstammerers), when they are unable to express by means of speech, their special needs and wishes. In fact, many of the peculiar hand movements of stammerers, which occur coincidently with difficulty of expression, are regressions, like stammering itself, to earlier phases of libido and ego development.

It has been pointed out by Hug-Hellmuth,[5] Spielrein,[6] Klein[7] and myself[8] that the earliest sounds made by children are the labials (p, b, m) because the labial muscles used to produce these sounds are the same muscles exercised in nursing at the mother's breast or sucking at the rubber nipple of the nursing bottle. Spielrein has also drawn attention to the interesting fact that the origin of such early words in the vocabulary of children, as "papa" and "mama" can be traced to the act of nursing, the labial muscles being used here, as in the sounds p, b, m, for the purpose of blissful oral gratification.

The philological viewpoint of the origin of speech in children, as outlined by Jespersen,[9] agrees in its main features with these independent observations of psychoanalysis, that is, that the earliest sounds result from a physiological necessity.

"It is generally said that the order in which the child learns to utter the different sounds depends on their difficulty: the easiest sounds are produced first. That is no doubt true in the main: but when we go into details we find that different writers bring forward lists of sounds in different order. All are agreed, however, that among the consonants the labials, p, b, and m, are early sounds, if not the earliest. The explanation has been given that the child can see the working of his mother's lips in these sounds and therefore imitates her movements. This implies far too much conscious thought on the part of the baby, who utters his 'ma' and 'mo' before he begins to imitate anything said

[5] *Loc. cit.*

[6] S. SPIELREIN, "Die Entstehung der Kindlischen Worte 'Papa' and 'Mama,'" *Imago*, Bd. VIII.

[7] MELANIE KLEIN, "Infant Analysis," *International Journal of Psycho-Analysis*, Vol. VII, No. 1, Jan., 1926.

[8] See my paper on "The Oral Erotic Components of Stammering," read before the Ninth International Psychoanalytic Congress, 1925, and also Chapters III and V of this volume, where there is a further discussion of the primitive speech sounds of early childhood.

[9] OTTO JESPERSEN, "Language, Its Nature, Development and Origin." New York, 1922.

to him by his surroundings. Moreover, it has been pointed out that the child's attention is hardly ever given to its mother's mouth, but is steadily fixed on her eyes. The real reason is probably that the labial muscles used to produce b or m are the same that the baby has exercised in sucking the breast or the bottle. It would be interesting to learn if blind children also produce the labial sounds first.

"Along with the labial sounds the baby produces many other sounds—vowel and consonant—and in these cases one is certain that it has not been able to see how these sounds are produced by its mother. Even in the case of the labials we know that what distinguishes m from b, the lowering of the soft palate, and b from p, the vibrations of the vocal chords, is invisible. Some of the sounds produced by means of the tongue may be too hard to pronounce till the muscles of the tongue have been exercised in consequence of the child having begun to eat more solid things than milk."

In fact, so closely is speech bound up with the child's early relationship to its mother, which is preëminently of a nutritional nature, that one's native language is always referred to as the "mother tongue" and never as the "father tongue." It is this binding or fixation to the mother libido which makes the treatment of stammerers so difficult. They do not wish to renunciate the fixation or to be psychologically weaned from it during the analytic transference situation; in other words, the adult stammerer is psychically anchored to the nursing stage of development. Their deepest desire is to continue with the early pleasure-principle, hence the stubborn resistances in the analytic treatment of stammering leading to extraordinary and rather sudden fluctuations in the pronunciation of words and the frequent infantile regressions, all of which indicates that the therapeutic outcome of a specific case may in certain instances be very dubious.

The egocentric speech of the child, its repetitions, monologues, jargon, can all be found in an unmixed condition in

the confirmed adult stammerer. The child's idea of omnipotence concerning the magic relation of words and the things for which these words stand, the same so-called magic power of words as they occur in fairy tales and in folk lore, persists throughout the oral stage of development. This serves as an unconscious link between the omnipotent attitude of stammerers and their oral-erotic tendencies and reactions.

These early sounds work according to the pleasure principle, that is the pleasure of certain nutritional and excretory needs and wishes. The analysis of stammerers is so difficult because it is directed against the resistance of overcoming a persistence of infantile oral and anal pleasure. The nursing reflex is an unconditioned stimulus which is provided by both the nipple and the mother image and is acquired so early in life because of nutritional needs, that it is almost instinctual.

The lip zone in early childhood has a double function, nutritional and sexual. From the analytical standpoint, nursing is a sexual manifestation; from a genetic viewpoint, it is really a gratification of the oral libido. We can also refer to that form of defiant exhibitionism in childhood, manifested by a saucy protrusion of the tongue.

In the adult stammerer this oral stage persists. Like a child he may connect words without regard for their meaning, in order to obtain pleasure from the rhyme and rhythm. He chews the words and luxuriates in their sounds and this prolonged oral possession tends to annihilate the word through compulsive repetition in the sucking and biting of syllables. Thus the original, primitive anal-sadistic impulse still exists in the adult stammerer, a persistence which makes transference so difficult in analytic treatment.

This pleasure-principle involved in words, even in nonsensical words, is also often observed in adults. It is for this reason that the rhyme of the "Jabberwock" in Lewis Carroll's "Through the Looking Glass" has remained so popular. It is this pleasure in speech, this arrest or fixation

of the adult at the oral-erotic stage of development, which is the principal motivation of stammering, because stammering represents one form of these early erotic pleasure tendencies.

After this brief discussion, which will be more completely elaborated in a later chapter, it can be definitely stated that the disturbing mechanism in stammering is mental and not physical. It is more than a mere incoördination of the muscular apparatus of speech; it is a regression to the earliest level of childhood, an arrest of development at this stage, a form of gratification of the oral libido which continues as a post-natal adult gratification of nursing. The discharge of this gratification in speaking produces a satisfaction which can be found nowhere else in the realistic situations of life. Whenever anxiety may be present in stammering, it is not due to a fear of speaking, but arises from a resistance to protect the ego from being overwhelmed by the more powerful tendencies to this oral gratification.

In the psychobiological sense, the stammerer still possesses his mother on the original oral level, he is arrested or fixed at that stage, he holds fast to and reëxperiences and reanimates this primal infantile pleasure. The sucking movements, the occasional grinding of the teeth and the spasm of the jaw muscles so often seen in stammerers when they attempt to talk, is one form of retaining the original oral-sadistic libido. This original mouth erotism is preserved more by the man than the woman, hence the greater frequency of male stammerers. The thumb sucking which so often appears in the early history of stammerers, is a substitute for the primal gratification after the weaning period; it is a displacement mechanism of the original oral-erotism. The stammerer has never overcome what Rank terms the "weaning trauma."[10] There still remains a

[10] Otto Rank, "The Genesis of Genitality," *Psychoanalytic Review*, Vol. XIII, No. 2, April, 1926.

psychological rather than a biological attachment to the maternal nutritional apparatus. Thus in every stammerer there can be found, on analysis, an autoerotism of the mouth zone, a double function, both nutritional and libidinal. It is true that a few stammerers recover spontaneously, but only those in whom the oral libido has reached a more mature and sublimated level and does not remain permanently fixed or arrested at the infantile stage.

The interpretation of the dreams of stammerers as in the analysis of all psychoneurotics discloses the unconscious and pre-conscious material, the various settings of the oral-erotic trends, the childhood regressions and the resistances and transferences towards the analytic situation. It is this psychic system of the stammerer (the unconscious) which reveals on analysis the repressed pathogenic material, although it is frequently censored, distorted and disfigured through resistances. This is particularly seen in the frequently noted nursing dreams of stammerers, which represent very important regressions to the earliest period of childhood. The psychic reality of such dreams is sort of a repressed precipitate in the unconscious, of vestiges of actual infantile memories, the importance of which in the production of stammering, cannot be overemphasized. However, such memories emerge only after a long period of analysis, when the initial resistances have been overcome in the analytic situation.[11]

In practically all stammerers the Oedipus-situation is very prominent. This is easily understandable, if one considers the practical primary identification of the nursing child to the mother and the care and tenderness given by the mother during the early years of infancy. This mother fixation is closely connected, in fact, it is the motivating factor of the unconscious or latent homosexuality so frequently encountered in stammerers. Furthermore, as will

[11] See Chapter V for a further discussion of these very early nursing memories.

be later pointed out and more definitely elaborated, anal-sadistic traits are seen in their character analysis, because of the close connection of these traits with the oral libido in the course of psychosexual development. It is these anal-sadistic traits, in association with the narcissism, which produce the stubborn resistances and the sadistic fantasies in analytic treatment. In addition, many stammerers remain bed wetters up to an advanced age and in these cases the urethral-erotic character traits are prominent.[12]

The stammerer still retains both consciously and unconsciously, the original narcissistic aim of early oral gratification. It is this libidinal fixation on the oral stage, only partly sublimated, which determines the level of the stammering neurosis. Consequently in stammering we are dealing with a symptom-formation which possesses a high value for the ego, because of the narcissistic gratification experienced in the oral manipulations necessary for speech. This symptom-formation triumphs over the super-ego because of the intensely close intermixture of oral prohibition and oral gratification. The object of analysis is to teach the ego, through overcoming the ego-resistances, to renounce this fusion and to sublimate the original infantile oral tendencies.

[12] See my paper entitled "The Character Traits of Urethral Erotism" (*Psychoanalytic Review*, Vol. XI, No 4, Oct., 1924) for a description and analysis of these traits.

CHAPTER III

Stammering as an Infantile Reaction

In a previous contribution on this subject,[1] it was pointed out that the original attachment of the sexual excitation to the nutritional instinct, that is, the oral phase of the libido, still dominates the adult stammerer. In fact, the persistence of this phase into maturity produces stammering in order to satisfy a compulsive repetition, which resembles a tic. The repetition of nursing movements in stammering is an infantile reaction, a form of this universal and instinctive repetition-compulsion.

The speech of stammerers is always worse when they are obliged to pronounce a particular word at a definite time or in a certain situation. This can be compared with the nursing child who is compelled to nurse at certain periods, regardless of its organic sensations, such as the feeling of hunger or gastric or intestinal distress. The question then arises how does this infantile compulsion to nurse produce difficulty of speech in adults when they are compelled to pronounce a certain word or phrase at a specific time. In these situations, this speech difficulty is either a form of resistance against reënacting in certain social situations of adult life, the specific nursing activities of infancy, or an unconscious wish to fulfill, gratify and reanimate these activities. Under these conditions the difficulty in pronouncing words or the inability to talk at all (the frequent "dumbness" or aphonia of stammerers) takes place in cycles or rhythms, in the same manner as nursing is rhythmical. This is shown in the frequent repetition of the initial word or syllable of a word or even of a few words—before clear speech can be established, and associated with

[1] Isador H. Coriat, "The Oral Erotic Components of Stammering," 1925.

this difficulty there is a coincident increase of salivary secretion, the latter actually resembling what is so frequently seen in the nursing infant. This so-called "starter" at a word is a form of repetition-compulsion.

Stammering is one form of the oral-erotic tendencies belonging to the pregenital stage of development, or an arrest at this level in the life of the adult. All stammerers display the oral reactions of nursing in their tic-like modes of speech, hence the validity of the term "oral neurosis" as previously indicated. When a stammerer reiterates words or hesitates on the initial syllables of words, he is reënacting the actual nursing activities of early childhood as a condensed mechanism of satisfaction or resistance in speech. The individual who has never completely renunciated in adult life the infantile pleasure of nursing, who has not surmounted or sublimated his oral erotism, who still retains the strong Oedipus-fixation, becomes the confirmed stammerer. In some form or other this oral libido appears in every stammerer. At times there is a loss of the power of pronouncing words, in the same way as a child loses the power of, or relaxes the mouth muscles in nursing, when it feels organically [2] gratified. The repetition of words or syllables or the spasm of the mouth muscles in the pronunciation of initial letters, results from the fact that there takes place under these conditions, an actual oral gratification or resistance in the repetition or the spasm.

However, no matter how frequently a stammerer repeats, a complete sensation of oral gratification is never produced because the (unconscious) wish to gratify the oral libido is so strong, that it is not absolutely satisfied in the repetition. In the treatment of stammerers, the analysis of this analytic situation produces severe resistances, but the working through of these resistances aids in smoothness of speech. An understanding of this situation educates the

[2] Used here as synonymous with "libidinally."

ego and prevents withdrawal of the oral libido into the unconscious where it can independently exercise its power to produce an oral neurosis in the form of stammering. The resistance in the analysis of stammerers is so strong because the analyst becomes a libidinal substitute for the mother in the patient's unconscious and consequently the patient wishes to continue the pleasurable nursing activities as in infancy. In fact, the repetition-compulsion and direct pleasurable satisfaction of the impulse seem to be inextricably intertwined.

This repetition-compulsion constitutes the so-called "habit" of stammering, in the same manner that all habit is a form of repetition-compulsion, in that it revives, reinstates and repeats repressed elements of the past, in this case the early nursing activities and experiences. The stammering symptom is not caused by repression, but is an indication of a return of the repressed. These habit tendencies are piled up in the great reservoir of the unconscious oral libido [3] and find easy paths of instinctual discharge through links of pleasure fulfillment. Thus, we replace the purely descriptive method of describing stammering, by a dynamic one, as a form of infantile reaction occurring in an adult, but whose origin and roots lie in the very earliest stages of libido development.

As previously indicated, the beginnings of speech in children are very interesting, as speech is one of the earliest sublimations. Rudimentary speech is first connected with the bodily needs of the child, such as nutrition and the processes of excretion, and the earliest attempts at speech represent the child's interests in pleasure. This pleasure forms an important part of the personality of the nursing child, namely its sucking erotism, which gratifies both its ego impulse and its libido. This oral erotism is therefore present from the beginning of life, in fact, life brings oral

[3] In the "Id," which while impersonal as compared to the Ego, yet is dominated by the pleasure-principle.

erotism with it, as an important fragment of the entire libido situation. Children's monologues bear a definite relation to their emotional life, either of love or anger, and children likewise seem to take pleasure in certain combinations of apparently meaningless syllables. As the child grows older, his speech deviates from the lines of purely organic needs and concentrates more and more on love and play. To listen to a child's monologues, gives a deep insight into the growth and evolution of the mind. The questioning habit becomes an important factor and as a phase of this questioning habit psychoanalysis has discovered the so-called "Sphinx question"—"Where do little children come from?" Rhythmical repetitions of sounds are accompanied by a sort of auto-erotic satisfaction of pleasure in the movements of the lips. The word formations of early childhood often relate to the newly acquired interest in sexual and nutritional matters. Repetition without understanding is already observed at the close of the first year, speech with an understanding of the meaning of simple words on an average at about sixteen months. The vocabulary at eighteen months comprises from twenty to sixty words, but these words deal principally with play activities and the bodily needs. In feebleminded children, the retarded development of the brain is parallel with retarded speech, so that such children are not only late in acquiring speech, but their vocabulary at a given age may be much more limited than that age demands.

In order to fully understand the speech defects of childhood, particularly the emotional background of stammering and the part played by repression of oral erotism as the chief factor in the production of stammering, we must first understand the beginnings of speech in infancy and its development during the early years of childhood. In infantile speech there is a tendency to connect the newly found words and sounds with the physiological organs and functions, with the well being of the body, and with the

taking of nourishment. In other words, early speech is egocentric. The child indicates mainly and preëminently its own interests and wishes. These primitive words refer usually not only to nourishment but also to the functions of the bodily excretions and of acts which the child would like to perform, or have the nurse or a member of the family perform for it. Such new words and primitive sounds in the early development of speech in infancy are the child's attempts at an adaptation to the newly developing sense of reality in the world and to the persons about it.

From the spontaneous repetition of meaningless sounds, which represent interest in pain and pleasure, speech develops usually, if not almost entirely, by imitation. This imitation impulse is an attempt to come under the domination of the pleasure-principle, ending in a final and complete gain in a newly-found pleasure. The precocious attempts at speech consist in monosyllables, referring to and calling its parents or to those nearest and dearest about them, because such monosyllables represent the earliest forms of speech. In addition, these attempts at speech also consist in asking for nutrition or the relief of the bodily functions. Monologues are often indulged in by infants as expressions of love, or even of anger and disappointment. In other words, and this is very important, when we come to discuss the subject of stammering, before the developing child can fully articulate or formulate even simple words, the expression of its wants is usually manifested by an emotional attitude. The earliest roots of speech are either wishes or emotions, and certain other words relating to sex and excretion, the repression of which as a forbidden wish enforced by social standards from without, enters largely into the oral neurosis, which manifests itself in that speech defect termed stammering. As the child grows up its vocabulary increases. From nouns and verbs of the present tense it learns to widen its store of words in order

to express its growing and multifarious wishes. Finally it takes pleasure in uttering vulgar and obscene expressions or repetition of words sometimes meaningless for the pleasure such repetition gives to the lip and palatal zones, which of course, is one of the forms of oral erotic pleasure.

CHAPTER IV

The Oral Libido

In the psychoanalytic investigation of the various phases of sexual development, or as it is generally termed, libido development, it was pointed out and emphasized that there exists a marked differentiation between the sexual life of children and that of adults. These investigations were directed primarily towards the aims and general characteristics of infantile sexuality, tracing the changes through the total or partial latency period, finally arriving at the stage of the transformations at puberty, in which the primacy of the genital zone is reached, with a consequent alteration of the original undifferentiated sexual impulse into the function of propagation. As a result of the psychoanalytic investigation of the neuroses, it has become possible to establish very early normal phases of libido development, first termed by Freud in 1913 the "pregenital stage" because it antedates that epoch in which the primacy of the genital zone is established.

These phases are not only of value from the theoretical standpoint, but are likewise of great practical importance in the understanding of certain neuroses, such as melancholia (the benign depressions), hysterical vomiting, stammering and the obsessional neuroses. A certain development and combination of one of the stages of the pregenital libido (the anal-sadistic or the association between hate and anal erotism) is the most prominent characteristic of latter neurosis, thus showing how certain infantile dispositions may influence the later life, not only in the formation of character traits, but also as a motivating factor in neurotic disturbances.

These fundamental conceptions would never have

developed had not psychoanalysis investigated the smallest fragments of mental life and shown their relation to the entire personality in its manifold ego and libido development. Thus psychoanalysis is distinguished from the other superficial methods of psychological investigation by the methods with which it works and the subject matter with which it deals, namely, the exploration of the unconscious in the mental life and observations on ego and libido development. Psychoanalysis is the result of experience founded on direct observations or conclusions drawn from such observation and is not a speculative system of ideas. The object of the psychoanalysis is to understand something and to alter the unconscious forces which are moulding character or producing neuroses. It is a genetic psychology whose purpose is the investigation of the ego and libido instincts, the chief motivating factors in the development of the human psyche.

There are two principal stages of this pregenital libido, the anal-sadistic phase and an earlier oral phase. There may exist several varieties of these phases. None of these stages are distinct, as there is considerable fusion and overlapping. Freud [1] gives the following description of these stages:

"Thus we can now define the forms taken by the sexual life of the child before the primacy of the genital zone is reached; this primacy is prepared for in the early infantile period, before the latent period, and is permanently organized from puberty onwards. In this early period a loose sort of an organization exists which we shall call *pregenital;* for during this phase it is not the genital component-instincts but the *sadistic* and *anal,* which are most prominent. The contrast between *masculine* and *feminine* plays no part as yet; instead there is the contrast between *active* and *passive,* which may be described as the forerunner of the sexual polarity with which it also links up later. That

[1] S. Freud, "Introductory lectures on Psychoanalysis." London, 1922.

which in this period seems masculine to us, regarded from the standpoint of the genital phase, proves to be the expression of an impulse to mastery, which easily passes over into cruelty. Impulses with a passive aim are connected with the erotogenic zone of the rectal orifice, at this period very important; the impulses of skoptophilia (gazing) and curiosity are powerfully active; the function of excreting urine is the only part actually taken by the genital organ in the sexual life. Objects are not wanting to the component-instincts in this period, but these objects are not necessarily all comprised in one object. The sadistic-anal organization is the stage immediately preceding the phase of primacy of the genital zone.[2]

"Closer study reveals how much of it is retained intact in the latter final structure, and what are the paths by which these component-instincts are forced into the service of the new *genital organization.* Behind the sadistic-anal phase of the libido development we obtain a glimpse of an even more primitive stage of development, in which the erotogenic mouth zone plays the chief part. You can guess that the sexual activity of sucking (for its own sake) belongs to this stage; and you may admire the understanding of the ancient Egyptians in whose art a child, even the divine Horus, was represented with a finger in the mouth. Abraham has quite recently published work showing that traces of this primitive *oral* phase of development survive in the sexual life of later years."

Several years after the above was written, Abraham carried his preliminary investigations on the earliest developmental stages of the libido (1916) still further and in a brilliant monograph[3] presented schematically these phases

[2] See Abraham's scheme given later.

[3] K. ABRAHAM, Versuch einer Entwicklungsgeschichte der Libido, 1924. Of course, this scheme must not be utilized or interpreted too rigidly, it is purely provisional, as Abraham points out, as the various stages, while they seem to be distinct, yet fuse into or overlap each other. In the table, for the sake of clearness, the original order has been inverted.

of early libidinal organization. This paradigm is so illuminating, that there seems no doubt that future psychoanalytic investigation will find in it the fundamental material for further elaboration and perhaps modification. A clearer understanding of the oral libido, particularly in its relationship to the clinical phenomena of stammering as a form of oral libidinal gratification in adult life, will be furnished by a reproduction of the scheme. In fact, the persistence of this oral libido into maturity, not only motivates the neurosis of stammering, but likewise molds and modifies the character traits of stammerers.

Organization Stages of the Libido	*Developmental Stages of Object Love*
I. Earlier Oral (sucking or nursing) Stage.	Autoerotism (objectless) (preambivalent).
II. Later Oral (cannibalistic or biting) Stage.	Narcissism. Total incorporation of objects (ambivalent).
III. Earlier Anal-sadistic Stage.	Partial love with incorporation (ambivalent).
IV. Later Anal-sadistic Stage.	Partial love (ambivalent).
V. Earlier Genital (phallic) Stage.	Object love with genital exclusion (ambivalent).
VI. Final Genital Stage.	Object love (post ambivalent).

From the clinical standpoint, such a grouping is very valuable, as it tends to link up special neuroses or the development of specific character traits, with the corresponding pregenital level of libido organization. It is now well known through analytic experience that in certain neuroses the character of the symptoms is determined by regression to a specific fixation point of libido development. Under these conditions, the mental life becomes reversed and assumes the characteristics of an earlier phase of development, often an infantile one. The nature of the symptoms is then determined by this pregenital organization of the libido, which swings into the foreground of the clinical picture of the neurosis. In other words, a fragment of this early infantile sexual development is thrust into maturity, producing a neurosis and modifying character through its persistence.

For instance, in the obsessional neuroses there is a regression to the anal-sadistic level, hence the significant combination of hate and anal erotism in this disease. In melancholia and likewise in stammering, the individual regresses to a still earlier level, the oral erotic, with its two stages of nursing and biting, although in melancholia there is often found an incorporation tendency which may be absent in stammering. The regressions in connection with these stages can be accompanied by typical character changes either in the oral or the anal components, that is the optimism of the former and the pessimism of the latter. In stammering, however, as will be more fully discussed in a subsequent chapter, these two early stages of the oral libido, the sucking and the biting, are often reproduced literally in the mechanism of speech, a type of regression which is here seen more clearly than in any other neurosis.

In the oral stage of the libido, the sexual activity in this pregenital phase has not yet become specialized and separated from the taking of nourishment either at the mother's breast or through artificial feeding by a rubber nipple. Thumb sucking is a remnant and a persistence of this early structure of the libido organization, the sexual activity having not yet detached itself from the nutritional phase. It is significant how many stammerers were thumb suckers in early infancy and childhood, and how difficult it was for them to surmount and overcome the habit either through social pressure or through parental or medical prohibition. In fact, thumb sucking like stammering is a compulsive-repetition, because of the pleasure-principle involved. This repetition-compulsion is fundamentally unconscious, it brings to light repressed impulses, and like every psychophysical movement which rises above the threshold of the unconscious, a sort of specialized signal from the id to the ego, is charged with organic pleasure. Thus, in both stammering and thumb sucking there exists an innate ten-

dency towards reanimation of an earlier phase of libido development.

Many stammerers start thumb sucking almost as soon as they stop nursing, a form of shifting of the oral pleasure to another object. It becomes then a disguised wish to persist with the libidinal gratification, after the nipple has been withdrawn. For this reason, stammering may be coincident either with the beginnings of speech or commence shortly after speech has become established. If it appears later in childhood, during the latency period, between the age of five and the onset of puberty then it must be interpreted as a more severe regression to an early stage of the libido. "He who sees a satisfied child sink back from the mother's breast, and fall asleep with reddened cheeks and blissful smile, will have to admit that this picture remains as typical of the expression of sexual gratification later in life."[4] It has occasionally been observed that some children, after they have stopped nursing, or following weaning, will continue to make sucking and biting movements with the lips, a form of compulsive-repetition based on the pleasure-principle which they do not wish to renounce. Furthermore, in the biting and sucking movements which stammerers so often make while talking, and which are frequently associated with extensive salivation and a sense of relaxation after enunciation of a difficult word, there is a regression to the nursing and cannibalistic stages of the oral libido, or rather a persistence or a swing of this phase of libido development into maturity.

In notes concerning several young stammering children kindly placed at my disposal by intelligent and observing mothers, there was observed in all these cases a persistent thumb sucking associated with biting of objects or of other children and motivated by little or no provocation. Here we have an interesting confirmation in very young children of

[4] S. Freud, "Three Contributions to the Theory of Sex," 1918.

the association of the earlier oral (sucking) and the later oral (cannibalistic) phases of the pregenital stages of libido development, the latter merging, in this biting period, into the earliest form of sadism. This biting in children (the cannibalistic stage of oral development) is associated with dentition, which as is well known replaces the pleasure in sucking by pleasure in biting. It is significant, too, that this cannibalistic stage is a later development than the sucking stage, coincident with the beginnings of dentition, although in many cases both stages may coexist for a time and fuse or merge into each other proving that they are not distinctly differentiated. This is a feature very frequently seen in adult stammerers, where the regression can be investigated and analyzed, a procedure manifestly impossible in very young children. This biting and grinding of the teeth is thus closely related to the anal-sadistic and oral-sadistic impulses; it is a form of cannibalistic activity, which, as Abraham points out, occurs only in highly narcissistic individuals and, we can add, in the narcissistic stammerer. It is such phenomena which compel us to assume the existence of a psychic product reminiscent of the earliest stages of infancy. Thus the earliest extra-uterine libido is predominantly oral both in strength and aim; the new born infant finds its only gratification in sucking and biting. It is only later in life that the libido becomes almost exclusively genitalized and acquires erotogenic significance in the reproductive organs.

It can be readily seen how this oral stage is closely, almost indissolubly, bound up with Oedipus situation, in what may be termed a pre-Oedipus phase, both being early post-natal stages of libido development. This Oedipus situation in connection with the oral libido has left its special imprint on the conscious and unconscious portions of the ego and the later ego ideal is molded in accordance with these very early impressions, producing those char-

acter traits of oral erotism in general and of stammerers in particular. The primary identification of the infant with the mother's nipple or its substitute, is the forerunner of that fixation which forms the nucleus of the Oedipus-complex, in the sense of an original attachment of the libidinal excitation to the nutritional instinct. This identification is the earliest expression of an emotional tie with another person. In fact, it may antedate the Oedipus-complex, it prepares the way for it and is primary in the sense of an oral-phase of libido development. It is for this reason that many stammerers talk so poorly in the presence of their mothers, as under these conditions there is compulsively reproduced the early rhythmic nursing activities.

It is the attribute of great writers to be able to penetrate deeply into the unconscious of the human psyche and give their ideas an artistic expression. We may learn from their imaginative productions what we painfully acquire from our technical analyses in the observation of abnormal psychic processes. As an example of poetic imagery drawn from the oral libido organization, both in its later cannibalistic and earlier nursing stages, the following passages from Dante may be quoted. These passages are so significant, that we may venture to state it is possible that the Italian poet observed such oral tendencies in real life and wove them into the remarkable autoanalysis of his erotic conflicts, known as the "Divine Comedy," but colored and intensified with the vivid imagination of his mediaeval genius.

In the first of these passages, relating to Count Ugolino gnawing at the head of his enemy, Archbishop Roger, the deeply-buried oral-cannibalistic tendency is portrayed, with the added component of sadistic hate—

"I beheld two frozen in one hole,
So that one head a hood was to the other;
And even as bread through hunger is devoured,
The uppermost in the other set his teeth,
There where the brain is to the nape united.
'O thou, who showest by such bestial sign
Thy hatred against him whom thou art eating.'"[5]

In another passage, there occurs a description of the oral nursing stage of libido development, more beautiful and more sublimated, in the sense of a contrast between the horrible fantasies of the Inferno and the imaginative escape of the Paradiso.

"Shorter henceforward will my language fall
Of what I yet remember, than an infant's
Who still his tongue doth moisten at the breast."[6]

It is seldom that the oral libido in the course of individual development remains as an isolated and pathological phenomenon in adult life causing stammering. As a rule this libido is directly gratified in such oral activities as eating, and it is only when it persists in its original, primitive and unsublimated form that the stammering neurosis is produced.

[5] *Inferno,* Canto XXXII (Longfellow's translation).
[6] *Paradiso,* Canto XXXIII (Longfellow's translation).

CHAPTER V

The Oral Erotic Components of Stammering

As was previously pointed out in a preceding chapter, in a communication on stammering published in 1915, attention was drawn to the fact that stammering was preëminently a psychoneurotic disturbance. Further analytic experience has tended to confirm and widen these earlier observations and has furnished material for a clearer and more definite formulation of the problem, particularly as more attention was concentrated on the part played by the oral libido. These investigations have given a conception of the psychogenetic roots of the disorder which have hitherto remained obscure and appeared insurmountable and they have also furnished a procedure for a more definite analytic treatment.

In the earlier work, the relation of the ego and libido development was not developed in detail,[1] but further observation and study of the oral manifestations, displacements and expression of stammerers, has served to illuminate certain aspects of the problem from the causal and therapeutic standpoint. According to our present conception, the problem of stammering can be understood only if we analyze and interpret the stages in the ego and libido development through the various phases of the pregenital organization to adult character formation and submit our empirical observation of these oral-erotic phases of the libido to clinical investigation. This is best accomplished by an analytic study of the motor speech-expressions of

[1] However, in my paper on "Stammering as a Psychoneurosis," read before the American Psychopathological Association in May, 1914, and published in the *Journal of Abnormal Psychology* (Vol. IX, No. 6, Feb.–March, 1915), appeared a passage that in stammering, there occurred "Stickings to the infantile libido." Further analytic experience tended to confirm this original conception, which was elaborated as the oral-erotic stage of libido development.

stammerers and reducing their complex mechanism to a more simple formula. It can then be demonstrated that these motor speech expressions closely resemble the tics, and, like the tics too, they are obsessive and stereotyped.

In nearly all stammerers analyzed, great stress has been laid by them on the omnipotence of their intellectual attainments. This tendency to over-intellectualizing, leads to an omnipotent valuation of speech, either in the form of verbosity or garrulousness for the pleasure of pronouncing words and gratified only by this oral discharge, or to a taciturnity, which is a type of resistance. Both these tendencies are on the anal level, in one case as an anal-erotic explosion, in the other as a wish to retain the sounds of words, in the sense of the parsimony which belongs to the anal-erotic character traits. This over- or under-valuation of speech is synonymous with the narcissism of stammerers, to the effect that a large mass of narcissistic libido overflows into the word, which becomes then the object of the libido itself.

This trait of omnipotence is frequently associated with anal manifestations because of the close connection of these latter with oral characteristics. The expression of the oral libido in anal terms, in connection with narcissism, explains the stubborn resistances encountered in the analytic treatment of stammerers. This special form of anal-erotic resistance is experienced in other analytic work, as in the transference neuroses (the obsessional neuroses), but it is in the narcissistic neuroses, particularly stammering, that it appears in its most severe and exaggerated form. Here it may assume the form of constipation.[2] As stammering is an attempt at oral libidinal satisfaction, a close relationship is perceived between anal and oral erotism, both on

[2] Isador H. Coriat, "Ein Typus von Analerotischem Widerstand," *Int. Zeit. f. Psycho Analyse*, Bd. XII, H. 3, 1926 (Freud Festschrift).
"A Type of Anal-Erotic Resistance," *Int. Journal Psycho-Analysis*, VII, 3, 4, 1926.

psychological and morphological grounds. Ferenczi[3] has also briefly referred to constipation as a transitory symptom-construction revealing itself in analysis as a regression of the anal character.

When this anal resistance producing constipation occurs in the analysis of stammerers, there is noted a parallel increase in the speech defect, leading at times to almost complete dumbness, resulting in a poverty of free associations as a form of stinginess in the production of unconscious material. The stammering on these occasions shows an analogy to the constipation, both are stoppages, but involving different ends of the intestinal canal. The curtailment of the oral libido produces a resistance in another segment of the alimentary tract. The constipation transfers or shifts the resistance from the field of oral erotism to that of anal erotism. In this constipation, which is synonymous with anal-erotic resistance, there is a regression to the pregenital stage of the libido development, in the same manner as the oral erotism of stammering is a regression to a similar stage.

The resistance is a sign of unconscious hate directed against analysis of the oral erotism, in an attempt to prevent its disintegration. The unwinding of the libido in the process of analysis has become massed into a negative transference and has created for itself a new cathectic object in the form of constipation. This particular form of resistance appears only when the narcissism of the stammerer has been attacked through the analysis, at its vulnerable point in the ego, that of oral erotism. The tendency to mobilize the resistance of the oral erotism in the anal zone proceeds according to the pregenital pleasure-principle. The transference becomes repulsion or resistance, because the unconscious battles with all the means at its disposal to retain this early pleasure-principle of the oral libido. How-

[3] S. Ferenczi, "Transitory Symptom Constructions During the Analysis," *Contributions to Psychoanalysis*, Chapter VII, 1916.

ever, nearly all stammerers show the well-marked characteristic traits of anal erotism and these constituent character traits may produce the anal defiance through reanimation in the analysis leading to constipation as a form of resistance.

Sometimes in other neuroses there develops a reversal of the situation, in that the anal resistance may take the form of a speech defect, resulting in a difficulty of enunciation, huskiness of voice and lack of audibility. This may be termed a sort of constipation of the oral zone, and under these conditions the difficulty in enunciating words is in harmony with the well-known stinginess of the anal character.

The omnipotence and overvaluation of words by stammerers is also related to the infantile illusion of the possession of magic words of power, pointed out by Ferenczi,[4] as a stage in the development of the sense of reality. One of the mechanisms of stammering is a conflict produced by resistance against betrayal through speech of certain trends of thought, preëminently of a sexual nature: this conflict takes place between the ego instincts and the sexual instincts. There results a protest from the ego ideal or ego censorship which attempts to hold itself aloof from the persistent influence of the oral libidinal pleasure, watching and criticizing it. As the oral libido has undergone a fixation, arrest or attachment, the ego institutes an act of repression, but the repressed elements tend to return in the form of stammering.

These repressed trends refer principally to the Oedipus situation, certain sexual acts or thoughts, masochistic and sadistic phantasies, tabooed words relating to the sexual, urinary or anal functions (forbidden coprolalia) and finally most important of all, the pleasure relating to early stages of the organization of the oral libido. Consequently there arises a conflict between the ego-ideal to conceal and the

[4] S. Ferenczi, "Stages in the Development in the Sense of Reality," *Contributions to Psychoanalysis,* Chapter VII, 1926.

libidinal desire to enunciate certain forbidden words. The pleasure involved in the latter is a manifestation of the oral-erotic component of stammering.

Stammering therefore, becomes a form of oral-erotic gratification, an actual reproduction in adult life of the sucking and biting manifestations of the pregenital libido, rather than a substitutive symptom, as in many of the transference neuroses.

In fact, practically every stammerer, if the motor accompaniments of the attempts to speak are carefully observed, will be seen in the act of nursing, as shown by the sucking movements with the lips and tongue, the excessive flow of saliva and the appearance of gratification when they are finally able to enunciate a difficult word. The mouth, tongue and lips become overcharged with oral libido, which the stammerer attempts to abreact in speech, but at the same time, through an ambivalent tendency, also attempts to tenaciously retain the word, because of the pleasure-principle involved in the difficult enunciation.

The oral reaction of sucking, in its original form, possesses a rhythmic character. This probably explains the fluctuations in the speech of stammerers, as shown by the variations of great difficulty of enunciation to perfect vocalization. The strong oral interests in stammerers produce in them a labile nature, indicated by their changes of moods and interests. This labile character trait is probably related to the early rhythmic sucking movements of nursing, persisting into maturity and shaping the character during the development of the libido.

It appears that we are dealing with a stereotyped motor mechanism in the form of an oral-erotic manifestation, and the suppression of the motor speech in stammerers, leading at times almost to "dumbness," is a defense against abreacting this oral-erotic tendency. The resistance in stammering is so severe because stammering is a narcissistic disorder, and, although certain signs of a transference

neurosis appear from time to time in the analysis of stammerers, yet these transference manifestations are incapable of completely fusing with the narcissistic tendencies. Consequently all therapeutic efforts in stammering should be concentrated on the vulnerable point in the narcissism, that is, on the analysis of the oral libido, for only in this manner can we hope to overcome the regressive oral tendencies which enter into conflict with the ego.

These oral-erotic trends in stammerers are closely bound up with the Oedipus situation and the infantile pregenital fixation on this situation and it is this oral libido which succumbs through the analytic intervention. Thus stammering is a neurosis in which fixation of the libido at the developmental phase of oral erotism, persists into maturity. In his unconscious, and likewise in his conscious motor reactions, the stammerer remains fixed at this primitive biological stage, because there is little or no sublimation of the original oral pleasure. This explains the infantile character of the sucking and biting movements observed in stammerers when they attempt to speak, in other words, there is an infantile reaction underlying and behind the clinical neurosis of the mature stammerer. In stammering there exists a compulsive rhythmic repetition of the fixation on the oral stage of development and the object of analytic therapy in stammering is to set free this infantile libido from its early fixation, that is, the mother.

In every stammerer the mouth movements involved in the attempts to speak are the persistence into maturity of the original lip-nipple activities (sucking and biting), of infancy. In this connection it is also significant, that the labials (p, b, m) which are the most difficult sounds for stammerers to enunciate, are also among the earliest sounds made by children. The labial muscles used to produce these sounds are the same muscles exercised in nursing at the mother's breast or in sucking at the rubber nipple of the

nursing bottle. As pointed out by Hug-Hellmuth[5] "The child thus shows that he has arrived at the stage of echo-speech in which, in addition to the muscle movement experienced as agreeable through their frequent repetition, a new pleasure-producing stimulus is found in the rhythm." In fact, many primitive speech sounds were used for sexual activities and symbolic sexual gratification. It is for this reason, that stammering begins so early in the life of the individual, after the establishment of speech.

The oral libido in stammering is, therefore, a regression to or an unconscious residue from the pregenital phase of development. Stammering demonstrates, that the individual, in the course of his libidinal development, has not successfully surmounted this phase, he remains fixed at this infantile stage of the libido. Other manifestations of the oral libido are frequently found in stammerers, such as the persistence of thumb sucking or tongue sucking, into late childhood. In all stammerers, there swings into the foreground the pregenital oral phase of the libido, inflexibly binding the individual with the sucking and biting period of the infantile oral-erotic gratification.

Excessive mouth erotism is, therefore, the basis of stammering, a projection from the unconscious of the precipitated components of the oral stage of the libido development. The mouth has become the principal and all-powerful organ of libidinal pleasure, which is gratified, although against resistance, by the oral discharge of speech. In several instances there was noted, in addition to the frequent sucking movements with the lips and excessive salivation during the paroxysm of stammering, deep breathing, rapid heart beat, perspiration, yawning; this was followed by a feeling of relaxation after enunciation of a difficult word. Here there could be observed an actual reproduction, in adult life, of the relationship of

[5] H. von Hug-Hellmuth, "A Study of the Mental Life of the Child," 1919.

the infant to the nipple, a gratification of the oral-erotic zone in pleasure sucking reënacted in maturity. The original attachment of the sexual excitation to the nutritional instinct, that is, the oral phase of the libido, still dominates the adult stammerer, in fact, the persistence of this phase into maturity, produces stammering in order to satisfy a compulsive-repetition, which resembles a tic.

The fear in stammerers, as a cause of stammering, has been emphasized to too great an extent. This fear is probably a secondary phenomenon localized in the ego, as in all anxiety states and acts as sort of a protector from the anxiety itself, whether it refers to a dread of speaking in particular situations or before certain individuals. It is closely linked up with the narcissism of stammerers. In stammering, the oral libido is fixed on the symptom, that is, the speech defect, or, more accurately, the stammering is a psycho-physiological manifestation of the oral libido. The oral libido meets with a conflict in the ego, it does not flow freely as in non-stammerers, where this type of conflict either does not exist, or only to a minimum in certain anxiety situations. In opposition to these conflicts, the stammerer is always optimistic that he will be able to pronounce a certain word successfully in spite of past failures on this particular word. This for the reason, that optimism is an oral character trait, in contradistinction to pessimism, which is characteristic of the anal individual.

What is termed fear in stammerers, is the anxiety of the ego against being overwhelmed by the infantile libidinal past. It is a conflict between the ego and the libido. The accompanying object of the fear, which may be a word, a specific situation or an individual, leads to distress in consciousness in the form of morbid anxiety. The ego is apprehensive of being subjugated by a return of the repressed and unconscious oral libido. The fear in stammering is a fear of the unconscious where the process is prepared; it represents the resistance against sudden discharges of the

repressed oral erotism into the ego. The morbid anxiety in stammering as of morbid anxiety in general, is the ego's fear of the unconscious and yet at the same time there remains the pleasure of the oral erotism when it becomes sufficiently powerful to break through in small fragments against ego-resistance.

From the metapsychological standpoint the anxiety situation can be interpreted somewhat along the following lines. Anxiety can only be felt by the ego, whereas the id, whose impersonal organization differs from the ego, is unable to experience anxiety, because no conflicts take place in the id on account of its impersonal nature. However, something can be initiated in the id which is able to produce anxiety in the ego. In stammering, this something is the persistence of the early libido organization in the id, which activates the ego and so gives forth the danger signal which produces the inhibition of speech and also the compulsive-repetition of initial syllables analogous to the early rhythmic nursing activities. Thus anxiety arises instead of expected libidinal gratification, in fact, it is the excess of unused and unusable oral libido which is discharged into the ego in the form of anxiety. This fear in the ego is also based upon the disapproval of the strict super-ego, as a form of punishment or defensive behavior resulting from the resistance against oral gratification in speech.

In analytic work, the entire ego and libido development is condensed and recapitulated, the analysis unwinds the libido development in the transference situation of the analysis. After the transference has developed, the libido gradually and fully unfolds. The ego gradually becomes educated so as to accustom itself to recognize and confront without resistance, expressions of the libido contrary to the ego or the ego-ideal and in so doing, the repetition of the old process of repression is prevented. What develops in the analysis contains, therefore, the essence of the character traits and the entire ego and libido development. Therefore,

each analytic visit represents for the unconscious a complete analysis of a particular phase of the difficulty and a gradual solution or unwinding of the libido problem. The repressed material had been formerly cut off from the ego through resistance and when the resistance was overcome, it emerged as a distinct recollection, instead of an oral compulsive-repetition.

In his "History of an Infantile Neurosis"[6] Freud states in part as follows: "I obtained this history of an infantile neurosis as a by-product during the analysis of an illness in mature years. It happens in many analyses that new recollections emerge which have hitherto been kept carefully concealed. He (the physician) comes to recognize this despised fragment of a memory as the key to the weightiest secrets that the patient's neurosis screened." A similar situation occurs in the analysis of stammerers if the analysis is carried deeply enough over a sufficient period of time. When the childhood amnesia has been removed, memories from the earliest years are encountered. These very early memories are of great value, because it is in this infantile period that the libidinal factors of the speech defect were first thrown into activity by actual experiences and became attached to certain complexes.

The conception of the oral libido has to be inferred and interpreted not only from what is already known of this early stage of libido development, but also from what is actually observed in the oral manifestations of mature stammerers when they attempt to speak. Occasionally, however, after the resistances have been overcome through prolonged analysis, actual memories of the original oral libido may emerge. These are of great value, not only because there has resulted an analytic synthesis of these early memory fragments, but because these memory fragments themselves furnish an incontrovertible confirmation

[6] *Collected Papers*, Vol. III.

of the part played by the oral libido in the production of stammering.

In this instance, the analysis of a dream which contained the roots of the Oedipus-complex, or rather of a pre-Oedipus situation, led, through the free associations to very early but fragmentary memories, as the resistances which produced the infantile amnesia were overcome. These memories concerned certain facts of life when he was eleven months of age. He remembered sucking at the nipple of a bottle, feeling the bottle as cold, the milk "slobbering" on his face, chewing and sucking the nipple and also he recalled the letters blown on the bottle, bearing the manufacturer's name, but which, of course, he was then unable to decipher. All these memories concerning the nipple and bottle referred to purely physical sensations of comfort as in all infants, and during the recital of this period, there was a vague consciousness that it had all been definitely experienced. In these memory fragments the oral level of libido development was actually reached, both in its sucking and biting stages. It was the persistence of these early stages of the oral libido into later childhood and mature development, which produced the stammering. The remote childhood past was thus relived and reanimated in the analytic situation, the early libidinal pleasure becoming gradually unfolded and unwound in the analysis itself.

This early memory of the oral libido, can be compared with the infantile recollection of the vulture, as related by Freud in his analysis of Leonardo da Vinci. In both instances there was concealed a reminiscence of nursing. Freud's commentary on this early memory can be applied to the clinical fragment cited above. "What a person thinks he recalls from his childhood, is not of an indifferent nature. As a rule, the memory remnants . . . conceal invaluable evidences of the most important features of his psychic development."

In several adult stammerers, there occurred frequent

literal dreams of nursing. Sometimes the dreams showed distinct oral-sadistic (cannibalistic) components, in attempts to bring the libidinal needs under the domain of the oral-erotic zone, in accordance with the persistence of the libido organization at the pregenital period. In these cases it was also observed, that when attempts were made to speak, sucking movements with the lips would be produced at the same time. As in all stammerers, these sucking movements are genuine persistences into adult life, of the nursing activities of childhood. One particular individual was fond of playing wind-instruments such as the flute and the saxophone and other stammerers analyzed, had also chosen wind instruments in their musical training. The unconscious choice of these particular instruments was for the purpose of oral libidinal pleasure in the act of playing.

It is rather paradoxical and a matter of common observation, that stammerers are able to talk to themselves, or read aloud without stammering when alone. This for the reason, that under these conditions there are no barriers of resistance as in the ordinary social situations. The stammerer becomes then both object and subject, the resistance tension under these conditions remaining at a low level.

All stammerers are likewise able to sing without difficulty. This can be explained on the basis that music has its origin in pure narcissism, its content is genuine libido and, therefore, the libidinal processes bound up with the narcissism flow freely, without encountering resistance at the oral zone. The compulsive-repetition of the musical rhythm becomes converted into oral narcissistic pleasure. The reality-principle is here compulsively replaced by the pleasure-principle, which produces that oral gratification so desired by stammerers.

As another manifestation of the oral libido, it may be pointed out that many stammerers remain thumb suckers until a rather late period in childhood. This thumb sucking is a remnant of the oral phase of pregenital gratification.

The sexual activity has become separated from the nourishment activity or has become independent of it. In fact, many adult stammerers will be observed to make these thumb sucking movements with the lips, associated with an excessive flow of saliva, when they attempt to speak. This so-called "habit" of thumb sucking as a rule is a very stubborn manifestation and all sorts of devices are employed in efforts to discontinue it. When it finally disappears there may be substituted for it and possessing the same significance of oral pleasure, the use of that form of candy termed "all day suckers" or the tendency to gum-chewing.

As pointed out earlier in this chapter, the motor mechanisms of speech in stammerers and the position of the lip muscles in attempts at speaking are characteristically those of the nursing child.[7] This is clearly seen from notes made on stammerers while they were under analytic treatment, as observed for a period of over twelve years. A selection from these notes referring to different cases reads as follows:

1. "When he talks he shows sucking movements with his lips, breathes deeply, yawns after a paroxysm of stammering and after enunciation of the difficult word, he feels relaxed."

2. "Sucking movements with the lips and excessive salivary secretion. The most difficult sounds to enunciate are the labials. He was a thumb sucker up to the age of four and at this period, he made attempts to talk and suck the thumb at the same time. If prevented from putting the thumb in the mouth, he would make sucking movements with great increase of saliva while talking, producing difficulty in the articulation of letters."

3. "In talking shows rapid breathing and sucking movements with the lips."

[7] See on this point the photographs of stammerers in the act of speaking in Gutzmann's "Das Stottern" (1898, figures 38, 39, 40).

4. "Places his thumb in his mouth when he attempts to talk. He has been a thumb sucker as far back as he can remember."

5. "Compression of the lips when talking. When he was a young child, he frequently put his fingers, also tooth brushes and rubber bands in his mouth, which he used to pull in and out with a to-and-fro movement. During this period there was a marked interest in his mouth and lips. He would attempt to think of his lips and talk at the same time, but would be unable to coördinate the sounds because of the luxurious and pleasurable sensation in feeling wet objects slipping through his lips. This would make him unable to control his lips for the purpose of forming words. He stated that he made incorrect sounds because the mouth and lips always tended to resume the position in which they had previously experienced the pleasurable sensation of drawing something through them."[8]

6. "When he talks there are observed frequent sucking movements with the lips associated with grinding of the teeth, biting tendencies and movements of the tongue to and fro between the lips."

So persistent are the lip sucking movements in some stammerers, so strong are the movements of the tongue in attempts to speak, that Abraham's term of "oral masturbation" may well be applied to these manifestations.

It is significant that practically all stammering takes place on initial consonants, although occasionally the vowels are involved. The repetition of the initial syllable or letter as a "starter" is related to the rhythmic mouth movements in nursing. This is clearly seen when the physiological alphabet is analyzed as follows. In the pronunciation of the so-called labials (p, b, m), the aspirate (f), the semi-vowel (w), and of certain of the linguals (sh, r, l, ch), the muscles utilized are those used in nursing in the oral

[8] The phallic significance of this behavior is clear.

stage of libido development. On the contrary, when the dentals (s, z, t, d) are articulated, the muscles thrown into activity are related to the biting (sadistic) phase of the oral libido.

To summarize briefly, the problem of stammering can be understood only through analysis of the different levels of ego and libido development from the pregenital organization to the formation of character in the adult. In addition, there must be added an analytic investigation of the motor symptoms in the speech of stammerers. In many ways, these latter closely resemble the tics. The stammerer displays oral character traits, which will be discussed in the next chapter. Stammering itself represents one form of the oral-erotic tendencies belonging to the pregenital phase of development, an arrest at this stage, or a form of regression to both the sucking and cannibalistic level in the life of the adult. All stammerers display the oral reactions of sucking and biting in their tic-like manner of speech. Stammering is, therefore, in itself a form of gratification of the oral libido, which continues the post-natal gratification of nursing.

However, the objection may arise that every human being has been nursed either at the nipple of its mother's breast or by the bottle, yet only a certain number become transitory or confirmed stammerers. Neither does a prolonged period of nursing before weaning seem to have any influence in the production of stammering. Among the savages of New Guinea, where weaning takes place at a much later period of life than in civilized communities, in fact the child is not weaned until it is two or three years of age, no mention is made of stammering. (Malinowski.) If it is assumed from a genetic standpoint that stammering is a persistence of the oral libido into maturity or a fixation at the oral stage, why is it that some children experience no difficulty in talking and others develop a stammering neurosis either as a

transitory manifestation or as a confirmed, stubborn and persistent handicap. This brings us to a specific problem of great practical importance, what may be termed *the choice of a neurosis,* that is, why a particular person succumbs to the stammering neurosis and no other.

Certain individuals seem to remain psychically anchored to their nursing, they retain the emotional binding to the mother (Oedipus-complex), they seem unable to renounce the earliest libido pleasure, the oral component, which is so important for ego development. In other words, they do not wish to give up the early pleasure-principle of the oral libido and exchange it for the reality-principle of the ego. The confirmed stammerer tenaciously retains his earliest source of pleasure, that of nursing. This early pleasure-principle through sort of a compulsive-repetition, is unable to transform itself from pleasure libido to the reality of the ego, the original oral binding to the mother thus remaining psychically unbroken. In fact, the whole stammering individual is built upon this oral stage of the libido, hence the importance of the oral character traits of the stammerer. He retains his narcissism as a defense or an overcompensation, because to diminish the narcissism, would likewise minimize the pleasure principle of the oral libido, which is bound up with it.

Consequently the stammerer has never completely renounced or forsaken the satisfaction of the infantile oral libido. He becomes a stammerer, not from an event (such as fright or an infectious disease), as was so frequently emphasized in the preanalytic work on stammering, but from a developmental process. In fact, if an illness or a fright seems to produce stammering, this is merely a precipitating factor, for, "an enfeeblement of the ego through organic illness or an unusual demand upon its energy will be capable of producing neuroses which would otherwise have remained latent in spite of all dispositional

tendencies.''[9] It is the fixation points in the course of development of the libido, which determine to what level the individual will regress in a neurotic illness.

The infantile sexual characteristics of stammerers, which are in harmony with the unusual persistence of their oral libido, is also shown by the fact, that in many of them the complete adult primacy of the genital zone seems never to have become established. Many stammerers show homosexual, extremely narcissistic, exhibitionistic or anal-sadistic impulses and traits. It appears that in these cases, the early, primitive oral libido development had prematurely advanced ahead of the ego development, with a consequent weakening or inhibition of adult genital primacy. It is this precocious development which is the chief motivating factor in the choice of the oral neurosis known as stammering.[10]

[9] S. FREUD, ''Types of Neurotic Nosogenesis,'' *Collected Papers*, Vol. II. See also ''The Predisposition to Obsessional Neurosis: A Contribution to the Problem of the Option of the Neurosis,'' *Ibid.*

[10] A further discussion of this important question, relative to the prevention of stammering, is made in Chapter VIII.

CHAPTER VI

The Character Traits of Stammerers

In the previous chapter, certain character traits of stammerers were briefly mentioned for the purpose of a more complete discussion of the oral-erotic components. These character traits will now be considered in more detail, as in the analytic treatment of stammerers the specific character traits must undergo analysis as well as the oral-erotic manifestations of the speech defect. They are of great importance from a practical standpoint, because the therapeutic problem of stammering can be solved only when a technique has been formulated for the analysis of their narcissistic and egoistic tendencies. Because of the narcissism, the capacity for transference in stammering is very difficult and this narcissism, through the analytic technique, must be attacked at some vulnerable point. This vulnerable point is the oral libido which stands at the frontier of the stammerer's narcissism. The analysis of the oral erotism of stammerers, figuratively speaking, drives a wedge into their stubborn character traits and produces positive transference manifestations which fuse with the analytic situation.

This task is a difficult one for several reasons. Stammering is a narcissistic neurosis and for the narcissistic neuroses our customary technical methods of handling the transference neuroses must be replaced by others.[1] In these narcissistic neuroses the ego is far more deeply involved than in other forms of nervous disorders. The development of the ego is far less clearly understood than the development of the libido, and it is only recently that psychoanalysis has begun to furnish some insight into the

[1] S. Freud, *Introductory Lectures on Psychoanalysis*. London, 1922.

structure of the ego and the fundamentals of ego psychology.[2] It is impossible to develop a practical technique necessary for the analytic treatment of the stammerer, unless his narcissistic character traits are likewise completely understood.[3]

The customary viewpoint of character formation is that it is derived from two sources—inherited disposition and the effects of environment on the child. According to psychoanalytic investigation, however, the origins of character formation are those elements of infantile sexuality, usually pregenital, which in the adult individual are excluded from participation in the sexual life. It is these elements which, to a certain extent, undergo transformation, sublimation or reaction-formation into certain character traits. The development of character traits from infantile sexual manifestations was first shown by Freud [4] for anal erotism, later by Abraham [5] and Glover [6] for oral erotism and by Coriat [7] for urethral erotism.

According to the previous discussion, the oral desires which constitute the nucleus of stammering and the libidinal impulses leading to stammering have their origin in the oral zone or rather in the oral stage of the pregenital development of the libido. The stammerer's lips and mouth movements are chained both to the oral-libido nursing organization and the deeply buried cannibalistic instinct, the latter synonymous with the biting stage of development. It is here clearly sadistic in character, linked up with

[2] S. Freud, *The Ego and the Id.* London, 1927.

[3] For a keen and profound discussion of the accessibility of narcissism to analytic therapy, see Robert Walders "The Psychoses; Their Mechanisms and Accessibility to Influence," *International Journal of Psycho-Analysis,* Vol. VI, Part 3, July, 1925.

[4] S. Freud, "Character and Anal Erotism," *Collected Papers,* Vol. II, 1924.

[5] K. Abraham, "The Influence of the Oral Erotism on Character Formation," *International Journal of Psycho-Analysis,* Vol. VI, Part 3, July, 1925.

[6] Edward Glover, "Notes on Oral Character Formation," *International Journal of Psycho-Analysis,* Vol. VI, Part 2, 1925.

[7] Isador H. Coriat, "The Character Traits of Urethral Erotism," *Psychoanalytic Review,* Vol. XI, No. 4, Oct., 1924.

cannibalistic impulses in the unconscious, a factor of importance in relation to the unconscious hate and sadism of stammerers.

As it is preëminently the oral erotism which enters into the genesis of the speech difficulties of stammerers, what is the influence of this oral erotism on character formation? In other words, do stammerers manifest the oral-erotic character traits, as they have been described through the practical investigations of psychoanalysis? In this discussion of oral character (as in any analytic study of character traits) we must inquire into its double derivation—that is, its origin from erotogenetic zones and its component-instincts. We shall then find that the stammerer, whatever other character traits he may possess, shows preëminently those which are influenced by oral erotism.

Oral erotism is constitutionally founded, it is an instinctual tendency, a precipitated vestige, in the impersonality of the mind apart from the ego (in the id). The extreme difficulty in the treatment of stammerers is based upon this deeply-seated tendency, from which arises the factor so often noted in their medical histories, that the stammering developed almost simultaneously with the beginnings of speech. In some cases, however, it appeared much later in childhood, but here the psychological situation remained unchanged—that is, the early oral libido became repressed during the latency period after five and under certain conditions, such as physical disease or emotions,[8] the oral libido suddenly emerged from the unconscious and produced stammering. Thus the primitive usage of obtaining pleasure through the mouth zone is never completely abandoned by human beings, as witness the almost universal habit of smoking.

The persistence of this primitive pleasure produces either thumb suckers or stammerers. The healthy human

[8] See the end of Chapter V, for a complete discussion of this point.

being has almost completely abandoned this early infantile pleasure of sucking and biting, whereas the stammerer has never entirely renounced it. In this stage the child places everything in its mouth in addition to food and attempts to suck, eat or bite it. That this early infantile sucking is not connected with hunger is shown by the fact that the fully-fed infant will often make sucking movements with his lips after nursing has temporarily ceased and when it begins to drool or vomit from an overloaded stomach. Sometimes it will suck at its fingers, fist, thumb or a rubber ring with the same contented facial expression as in actual nursing. It will cry, scream or go into a rage when the finger is taken from its mouth or when the rubber toy slips from it. All careful observers on childhood development (Preyer, Scupin, Shinn, Hug-Hellmuth) have noted and emphasized these facts.

The character traits of stammerers in many instances are almost as infantile as the oral erotism out of which these particular character traits originated. The purely pleasurable egoism of the infant becomes the purely pleasurable egoism of the adult stammerer. Stammering increases pleasure in the sounds of words by increasing the phonetic concentration necessary for their enunciation. This interest in words gratifies the infantile narcissism and primitive oral erotism of the stammerer. The feeling of inferiority of which stammerers complain is not due to the speech defect as they so often claim, but is motivated by the easy wounding of their narcissism. It is these narcissistic scars which produce the sense of inferiority. They desire to know as many words as possible and pronounce them correctly. Hence, the frequent word substitutions in stammerers take place, not because the substituted word is easier to pronounce, but on the contrary this substituted word actually increases the pleasure through an increase of the vocabulary. The prolongation of the time necessary to utter the additional words, literally prolongs the oral pleasure during this

verbal enunciation. Thus, stammering is automatically regulated by the pleasure-principle. One of the character traits of stammerers is an emphasis on this pleasure-principle and not the principle of reality of the adult who has successfully surmounted and outgrown his infantile reactions. They attempt to repeat in maturity, through a sort of compulsive-repetition, the childhood pleasure of nursing.

For this reason the stammerer shows so many omnipotent traits. He wants to get everything he wishes and, as Abraham states concerning individuals with well-marked oral characteristics—"Their whole attitude towards life shows that they expect the mother's breast to flow for them eternally."

The attitude of omnipotence is associated with an overvaluation of intellectual attainments, particularly concerning their vocabulary and choice of words. In the desire to talk, to be garrulous, they ascribe to their words a high value or a special influence. They are often fond of using polysyllabic words, in spite of the difficulty of pronunciation, because these polysyllables are associated with a maximum of pleasure.

As a rule, stammerers are of an easy going and labile nature. This optimism is closely linked up with the oral libido and is one of the component traits of the oral character. Because the nursing period was for them highly pleasurable so they bring over from this happy period of infantile paradise into adult life, a marked optimism. This labile character trait is probably related to the early rhythmic sucking movements in nursing. For this reason, stammerers are always hopeful of attaining normal speech and go from "cure" to "cure" in spite of the frequent and speedy relapses. Their optimism is not lessened by the realities of adult experience. It is related to the infantile life, in which they were always gratified through nursing. They seldom show that pessimism and seriousness which is the opposite of optimism, except as an anal-erotic resist-

ance, even though they are frequently disappointed in overcoming the speech defect. As a rule, also, the stammerer is very envious, in the same way that a child is envious if it sees another child being nursed or in the act of eating.

In the characterological sphere of stammering, all these traits are not encountered, but in all careful analyses, some can be detected in every case, with certain limitations and variations. While definite urethral and anal characteristics appear in stammerers, yet most of their character traits are preëminently oral, in other words, their entire character development has been motivated by oral influence.

The social relation or conduct of stammerers is interesting. They are not so introverted or antisocial as they claim, for their insistence that their speech defect has led them to lead an isolated life, to mingle only to a limited extent with people, is for them only a rationalization. Fundamentally they are bright and sociable, factors which can be demonstrated in their unconscious mental life. In spite of their speech defect, they are always seeking the company of others, for the reason that their narcissistic and egoistic tendencies are gratified in social activities. There seems to exist a close relationship between this introverted tendency and oral erotism.

The character analysis of stammerers is of great importance in treatment. This character analysis is extremely difficult for several reasons. The character traits are completely accepted by the ego, there is no insight or corrective quality into their nature and finally they involve the patient's narcissism. In the analytical therapy of stammerers, as in all analytical therapy, one must clearly distinguish between "character trait" and "neurotic character trait." Freud has given us the basis for this differentiation by showing that the distinguishing features between character formation and the mechanism of a neurosis, consist of a miscarriage of repression in the latter. He states, "Repression either does not come into play in char-

acter formation, or it easily attains its goal, the substitution of the repressed by means of reaction formation and sublimation."[9]

Thus, stammering and its associated character traits to a limited extent confirms Abraham's observation. "On the basis of psychoanalytic experience, those elements of the infantile sexuality which are excluded from participation in the sexual life of the adult individual, undergo transformation to some extent into certain character traits." However, this transformation in stammerers is incomplete; a part enters into the formation of character traits, the remainder persists as the original oral erotism in the form of biting and sucking.

The anal character traits of stammerers are less prominent than the oral features but like the latter they are based upon an arrest in pregenital development. In the speech of stammerers, the biting and grinding movements with the teeth are relics of an oral-sadistic (cannibalistic) fixation and it is this fixation which enters into that stubborn resistance encountered in the treatment of stammerers, leading in some instances, as was formerly indicated, to constipation as a form of anal-erotic defiance.

In all stammerers the libido remains infantile and the ego, as in childhood, has not attained a full and mature development. Thus the character elements are intermixed and it is this fusion which leads to the oral optimism and the anal pessimism. This ambivalence contains two tendencies, the pleasure of prolonged enunciation of words (oral) and the pleasure of retention of words (anal).

[9] "The Predisposition to Obsessional Neurosis," *Collected Papers*, Vol. II, 1924.

CHAPTER VII

The Analytic Treatment of Stammering

Any rational treatment of stammering must take into consideration several factors. Primarily the speech defect is a symptom which has a meaning: it is the oral libido which flows out in the form of a double difficulty—articulation, that is resistance, and a persistence of the early pleasure-principle. The libido is fixed on this symptom, in reality, it is tied up with it. The object of psychoanalysis is to overcome the fixation of the pleasurable oral libido on speech. This procedure encounters great difficulties owing to the character traits of the stammerer (his narcissism) and the resistance, which is closely bound up with the narcissism. The great difficulty in the analytic treatment of stammerers is due to the fact that it is a narcissistic neurosis and like all narcissistic neuroses, a vulnerable point must be found in the narcissistic shell of the personality in order that the analytic treatment may be carried out successfully. The vulnerable point in the narcissism of stammerers is the oral libido. Psychoanalysis has provided us with the instrument for attacking this vulnerable point, for driving a wedge, as it were, into the narcissistic resistance-shell of the stammerer.

Stammering is not a speech defect, false articulation, failure of respiration or defective vocalization, but a psychoneurosis. In all stammerers there is conflict between the ego and the oral libido, between the ego-ideal to conceal and the fulfillment of the oral libidinal desires in the muscle movements of the mouth and tongue, which form the anatomical apparatus and physiological mechanism for articulation. Speech training of stammerers actually reinforces the oral-erotic pleasure instead of minimizing or

relieving it, as such phonetic training actually gratifies the oral discharge in speech. Speech training does not treat the neurosis, but only the symptom and even then, inadequately and unscientifically.

Heredity, neurotic disposition, auditory amnesia, cerebral congestion and wilful imitation have in the past been too largely incriminated as the cause of stammering. These explanations are purely superficial and have led to the minute elaboration of useless phonetic methods of treatment, which are merely a mechanistic surface plowing. The originators of these methods have not realized that it is futile to teach the stammerer *how* to talk, because under certain circumstances and definite situations the stammerer experiences no difficulty in speaking. In the phonetic methods of treating stammering, any benefit derived is only temporary, as most stammerers quickly relapse and go from one system of treatment to another. Such phonetic methods treat nothing but physical stammering: that is, the speech defect alone, while the complex character traits of the stammerer, his infantile reactions, narcissism, resistances, the entire ego and libido development, are left untouched and unchanged. The improvement under these conditions is a temporary transference phenomenon, which soon dissolves, because these transference symptoms, without analysis, are incapable of completely fusing with the narcissistic tendencies of the stammerer's personality.

The psychoanalytic investigation and treatment of stammering has been rather limited. The only contributions in this field have been those of Appelt, Stekel, Dattner, Eder and Coriat.[1] The psychoanalytic attitude can be summarized as follows:[2]

"The psychoanalytic treatment of stammering must be directed along the lines of breaking down the resistances

[1] See bibliography at the end of the volume for the exact references.

[2] Quoted from my paper "Stammering as a Psychoneurosis," *Journal Abnormal Psychology*, Vol. IX, No. 6, 1915.

which lead to constant reversions and stickings to the infantile libido with its tendency to conceal itself, to an analysis of the various components which lead to a dread of speaking in certain situations and before certain individuals and to a sublimation of the effort to conceal the libido in the unconscious for the pleasure desired. Phonetic training can accomplish little, or at the most temporary results in a stammerer, unless we know his complexes, conscious and unconscious, and his various dreads and situation phobias."

The work of Appelt, Stekel, Dattner and Eder was limited to the analysis of the panic in talking and in attempts to disclose a specific fear situation in early life, which these writers felt was responsible for the stammering. My investigations were directed towards uncovering the entire libido and ego development of the stammerer, the question of specific fears in childhood being interpreted more as an effect of the stammerer's personality traits and not as the cause of the stammering. The analysis of the anxiety itself, therefore, becomes relegated to the background.

All therapeutic efforts should be concentrated on the oral libido and its consequent character traits and not on the neurotic anxiety or fear. For only by this procedure can we hope to overcome the regressive tendencies to the infantile libido, which enter into conflict with the ego. The analysis unwinds the libido development in the transference situation. The patient in the analysis recapitulates and condenses the greater part of the libido and ego development in the analytic situation (transference). During the analysis a large part of the ego and libido development is repeated and reanimated, from the early love-life to that social super-ego which is so important for stammerers. After the transference has developed, the libido, the development of which was arrested in childhood, gradually and fully unfolds. In the analytic process, the ego becomes

educated, so to speak, and accustoms itself to recognize expressions of the oral libido contrary to the ego, on which the ego had become fixed and which had in the past led to a repetition of the old processes of repression.

Through the analytic process the earliest stages of libido development are revealed, particularly the attachment of the oral libido to certain complexes and to the physiological mechanisms of speech. In a genuine and complete psychoanalysis the childhood amnesia must be overcome. For it is in the early years of childhood that the oral-erotic factors are first awakened and animated by actual experiences—in this case, the experience of nursing. Consequently, in the analysis, these early childhood experiences must be relived and reanimated.

Of course, such a procedure meets with severe instinctive opposition and resistance. This resistance in the stammerer is caused by the analytic encroachment on the oral erotism and the narcissism, thereby reinforcing the carrying out of the original oral pleasure. The peculiar infantile characteristics of the resistance, which become reanimated during the analysis, that of sadistic-anal defiance, shows that its origin is to be sought in the stage of libido development prior to object choice, the pregenital, the same stage of organization in which the oral libido arose.

The statement of Ferenczi and Rank[3] concerning the clinical aspects of analytic intervention in general, can also be applied specifically to the analysis of stammerers. "The two periods of the analytic intervention, the activation of the original neurosis and its resolution appear to correspond to the two periods of the development of the neurosis, the infantile neurosis and the clinical neurosis, which themselves again follow, according to Freud's eluci-

[3] S. Ferenczi and Otto Rank, "The Development of Psychoanalysis," 1925, Monograph No. 40.

dation, the biological facts of the two periods of sexual development characteristic of man.

"The neurosis is characterized by the projection into the phase of maturity [4] of the first, from its very nature incomplete and also incompletely overcome, phase of sexual development and repression. In his unconscious, the neurotic remains therefore at a primitive biological stage of conflict which explains the infantile character of the neurosis as well as the necessity for analytic reëducation. Therefore, not only is there a childhood neurosis back of every neurosis, but it is the direct task of the analysis to uncover the infantile neurosis back of the clinical neurosis; that is, to reduce the clinical neurosis to its conflicting preliminary stages, even if these have never been manifest. This original neurosis can only be repeated by means of reproduction in the analysis, principally experienced in the transference and thus psychically eliminated.

"Psychoanalysis thus allows the patient to relive, partly even for the first time to live through to the end, the original infantile libidinal situation.[5] . . . Thus, in the correctly executed analysis, the whole development of the individual is not repeated, but only those phases of development of the infantile libido, on which the ego, in spite of their uselessness, has remained fixed."

The analysis of the character traits of the stammerer is just as important as the analysis of the persistance of the infantile libido in the form of oral erotism. Psychoanalysis takes a detached attitude towards life and towards the neuroses. The unconscious roots of character, religion, culture must be analyzed without criticism or interference. The attitude of the psychoanalyst toward the living mental processes with which he is confronted in the analytic situation, must be the same as that of the biologist toward the living physical processes which he is investigating.

[4] According to my viewpoint, the oral erotism of stammerers.
[5] The oral libido.

The analysis of stammering, as in all analyses, should be primarily directed towards the resistance and the personality traits. In addition to the libido analysis, there must be also an ego analysis. The unconscious should be penetrated as deeply as the severe resistances will allow. The deeper the penetration into the infantile phases of pregenital development, the more severe do the resistances become. The analysis itself while it is educative so far as speech is concerned, in separating the latter from its early gratifications, should be primarily analytical, not in the sense of treating the speech defect through the authority of the analyst, which authority is representative only of the super-ego of the patient.

Psychoanalysis is the process of bringing the repressed (unconscious) material into consciousness. Its therapeutic task consists of making this repressed material conscious, uncovering the resistances and changing these into a positive transference. The libido thus becomes gradually freed, and to prevent the withdrawal of the libido to the unconscious again, the ego is educated by careful analytic interpretations. It is well to remember, however, that in many cases, particularly in stammerers, that the neurosis may be a defensive screen protecting and overlying the more fundamental character traits.

The character traits must not only be understood, but are very difficult to analyze, for the reason that they are more or less completely accepted by the ego. Under these conditions, they may resemble symptoms which the patient makes no effort to correct, or in other words, into which he possesses no insight. Character traits are so bound up with the narcissism, that their treatment involves a searching analysis of this narcissism. Consequently, the stammerer's narcissism with the various characteristics which are bound up with it, must also become the subject of analytic treatment, in order that the speech defect may be helped. In every analysis there is a double attack, the narcissism and

the vulnerable point in the narcissism—that of the oral libido.

It is these traits as well as the primitive manifestations of the oral libido, which render the stammering neurosis so difficult to treat. Months of analysis are necessary in order to overcome those resistances which form an almost instinctive opposition against the analytic overcoming of the pleasure-principle involved in the oral erotism. In a successful analysis, the oral libido gradually crumbles step by step, although the analytic process may at the same time uncover other deeply-seated resistances. Under these conditions, the speech difficulty may temporarily become worse, not in the sense of a "relapse" but because the oral libido has been able to gain a temporary ascendency reinforced by the resistance, which at every point in the analysis attempts to retain the libidinal satisfaction in speech, manifested clinically by stammering. These resistances do not disturb or retard the analysis, but the analysis of these resistances actually accelerates and regulates it.

That the unconscious of the stammerer actually undergoes a change in the analytic work is shown by the alteration in the character of the dreams. They become less infantile and take on the form of a more mature adjustment to reality. The analysis of the dreams helps the orientation and the unconscious setting of the stammerer and is of great importance in the technical ability to overcome the resistances.

Furthermore, the so-called "habit" of stammering is a form of unconscious compulsive-repetition whose object it is to retain the infantile pleasure. The fear of talking, and the anticipatory fear of pronouncing certain letters, does not produce the stammering, but is rather the result of the conflict between the libido and the ego tendencies. For this reason, phonetic exercises are diametrically opposed to analysis and should never be combined with it. Finally, it may be added that the analytic treatment of stammering

presupposes a long and varied experience with psychoanalysis, in both its theoretical and practical aspects.

If these theories that stammering is one of the forms of gratification of the oral libido are correct, then kissing or nursing dreams should occur at the end of the analysis, as a terminal manifestation, a weaning from the analytic situation. These kissing or nursing dreams are actually encountered and are usually associated with an older woman, who is obviously a mother substitute. The nursing dreams are typical; in the kissing dreams the kiss is usually prolonged, thus showing its strong relationship to the deeply imbedded libidinal nursing activities.

If, according to Rank,[6] the end-phase of an analysis is actually a reproduction of birth or birth-phantasies, so in the stammering cases, the end-phase of the analysis is a reproduction of nursing, not in the sense of a wish to return to the nursing activities (regression) but as a form of symbolic weaning from the analytic transference. This psychical weaning is very difficult because of its complicated relationship to the patient's infantile history, particularly the original gratification of the oral libido in nursing. The early centralization of the oral libido in the mouth is shown in this stage by rather extraordinary fluctuations in the stammering, due to the attempt to overcome the resistances against the analytic weaning, which is really the later psychological prototype of the early infantile physiological weaning. Furthermore, it is a matter of common observation how difficult this weaning is in most children, either from breast or bottle. Possibly, too, this psychological weaning of the stammerer from the analytic transference may have certain relationships to Rank's conception of the repetition of birth, as in this case the analytic weaning for the first time in the life of the patient really accomplishes a complete freeing from its first libido object, the mother.

[6] Otto Rank, "*Das Trauma der Geburt*," 1924.
"The Trauma of Birth in Its Importance for Psychoanalytic Therapy," *Psychoanalytic Review*, XI, 3, July, 1924.

At first during the analysis itself and later in the periods between the analytic visits, there should be an increasingly strict prohibition of the abnormal tic-like muscular movements which are so frequently encountered in stammerers when they attempt to speak. Through this active therapy, it becomes possible, as Ferenczi has pointed out in the analysis of tics, to give "this tension conscious psychic discharge in place of symbolic discharge."[7] Through the analysis of the resistance which is opposed to overcoming this tension we are enabled to understand the aim and unconscious motivation of the muscular grimacing in stammerers. It is of interest also to point out that tics stand in very close relationship to the narcissistic neuroses, of which the oral neurosis (stammering), is one form.

The persistent, chronic and stubborn duration of stammering may lead to hysterical symptoms involving the vocal apparatus. It is these hysterical symptoms, producing at times a temporary aphonia or loss of voice, that yield most readily to analysis. It is often observed, after a short period of analysis, that the temporary stoppage in efforts at enunciation, shows a marked improvement and when this hysterical symptom is uncovered, the real struggle with the narcissistic resistance begins. These hysterical symptoms are a form of fixation or conversion hysteria, whose purpose is to avoid or abolish the effects of the genuine underlying stammering, in the sense of preserving the oral-erotic pleasure intact in the unconscious.

Furthermore, it must be remembered that resistance in the treatment of stammerers is unconscious, in other words, it proceeds from the same tendencies that brought about the original repression. The fight with the resistance consists in driving a wedge between the ego and the id, and winning over the ego by revealing the resistance and explaining its bearing. In the narcissistic stammerer, as

[7] S. Ferenczi, "Psychoanalysis of Sexual Habits," *Int. Journal Psycho-Analysis*, Vol. VI, Part 4, Oct., 1925.

in all highly narcissistic individuals, the relation between the ego and the id is closer than in the average transference neurotic. In fact, the ego must be convinced of the nature of the resistance in order to master it, because it is continually adapting itself to the arrival of new oral-erotic gratifications.

By means of this analytical procedure, there is formed a new adult object cathexis in place of the infantile libido fixation. This fixation of the libido may occur at various points in the course of its development and undergo subsequent repression, the libido flowing back (regressing), to one of the original fixation points. It is from this latter that the symptom is formed as a speech defect which possesses all the characteristics of the early nursing stage. It is this localization which determines the choice of the stammering neurosis.

Furthermore it must be recognized that at this early stage of libido formation, the first love object of the child is its mother, in fact, at this period, the nursing infant is unable to distinguish its mother's breast, as an organ of nutrition, from its own body. As a consequence at the end of each nursing period or during weaning, this libidinal life process through temporary or permanent deprivation is threatened with destruction (castration). It is the defense or resistance against this destruction, the wish to hold fast to the primary oral gratification which is the motivating force in the production of stammering.

In the analysis of stammering therefore, the therapeutic efforts are directed, as previously pointed out, not only to the libido and ego aspects but also to the deeply seated castration-complex. It is this multiplicity of analytic procedure which makes the treatment of stammering so difficult, as there is, what I formerly termed, a bombardment of resistances proceeding from many deeply seated motivations and fixations.

CHAPTER VIII

The Prevention of Stammering

The problem of the prevention of stammering and why a particular person becomes a stammerer is not only a difficult one to solve, but so far as known, has received practically no notice or discussion in the literature. The answer to this question will help to unravel a problem of great practical importance, not only in the prevention of the stammering neurosis, but also why a particular person becomes a stammerer and why another one, often in the same family, is free from speech defect. If the theories of stammering, as set forth in this volume, are taken into consideration, it is believed that the query can be answered with a certain amount of definitiveness, because if we know the cause of stammering, effective measures can be taken to prevent and perhaps forestall it in a child who shows these tendencies.

The prevention of stammering is an individual problem. As was pointed out in a previous contribution [1] "In analytic work with adults, when the childhood past is reanimated, we are struck with the fact of how deeply seated were the early impressions which have developed into later character traits and which constitute what may be termed the prehistory of the neurosis." In stammering, the prehistory of the neurosis, its genetic psychology, consists of that oral libido which forms one of the earliest stages of pregenital organization. Consequently, the prevention of stammering becomes both a medical and a pedagogic problem. The supervision of the child, however, is less easy to carry out than is usually imagined in pedagogic work. The so-called

[1] Isador H. Coriat, "The Psychoanalytic Approach to Education," *Progressive Education*, Vol. III, No. 1, 1926.

"plastic period" of childhood, contrary to the belief of most educators and parents, is the most difficult one for educational influence, because it is during this period that the conscious and unconscious mental life is so closely interwoven with the early fixations and the ego-ideals established from close family contacts. Even in childhood, the stammering symptom reproduces, almost automatically, according to the tendency to compulsive-repetition, the early infantile satisfaction of pleasure in the oral manipulations.

In stammering, there is an inhibition of development. The oral libido has never completely forsaken its infantile fixations and pleasures, in fact it controls them. There is no exchange or renunciation for adult standards by the infantile oral libido. Stammerers are allowed by their parents to grow up and retain their childhood characteristics. These characteristics, such as excessive hate or love, narcissism, the various early libido manifestations and fixations, are very striking in the adult stammerer. If the oral libido advances faster than the ego development, if it overwhelms the latter through remaining unsublimated, this not only predisposes to the stammering neurosis, but may actually produce stammering in childhood before the complete establishment of speech.

Stammering is not caused by external or internal factors, such as fright, imitation, infectious disease or left-handedness, as is so frequently claimed through the nonanalytic approach. Events or fears in childhood do not produce stammering, the sole cause is a failure in the developmental process of the libido.

The fundamental basis of all stammering is therefore the libido situation. In order to prevent stammering, this libido situation must be solved and renounced in the child, a most difficult task, as the libido tends to hold fast to its infantile fixations and the early pleasure-principle. In order to ameliorate or cure stammering in the adult, this

libido situation must be dissolved through psychoanalysis. Accentuation of oral erotism in the early infantile stage gives rise in the developing child and in the adult either to stammering or to a strong predisposition to it. The appearance of several stammerers in the family or in the ancestors (so-called heredity), does not produce stammering, but merely increases the predisposition to the persistence of oral erotism, which would otherwise have remained latent in the developmental history of the libido.

In the development of the child, the infantile oral libido satisfaction should be renounced by sublimating it to adult activities which are no longer erotic on the surface. An adult outlet should be found for the oral libido. With this end in view, the child should not be nursed for too long a period, thumb sucking should be prevented, and all sucking at rubber nipples, at "all-day suckers" and, finally, the tendency to the use of chewing gum, should be absolutely forbidden.

The stammering child should never be scolded or corrected, as such a procedure tends to make it antisocial and oversensitive to various situations in life. It is better to ignore the stammering altogether; the child should be encouraged to sublimate its activities and energies in other directions, such as play, and not have its attention directed to the speech defect, as this merely reinforces the pleasure-principle of the oral libido. The oral fixations are more or less successfully sublimated according to the degree in which these fixations are understood. A stammering child will often talk more freely at home than in school or with its companions, due to the fluctuations in the transference situation. The imitation of other stammering children never produces a genuine stammering, but at the most only a temporary difficulty, which it soon renounces, provided the child's oral libido has not remained fixed at the infantile level.

When stammering has developed, these cases should be

treated by physicians trained in psychoanalysis and not by laymen with the various methods of phonetic and articulatory training through a special system. Under psychoanalysis, what is gained is permanently gained, whereas by the purely phonetic methods, relapses occur in practically every case. These relapses can be readily understood when it is considered that the latter methods treat only a physical manifestation—that of speech. Stammering is not a speech defect but a psychoneurosis. With psychoanalysis, the psychological and genetic correlation of the fundamental character traits and the oral erotism, which are inextricably intertwined and form the background of stammering are treated; in fact, in the psychoanalysis of stammerers the speech receives but minor consideration and then only as a manifestation of the oral libido. Consequently, special speech gymnastics are practically useless. It must be realized that stammering is an infantile reaction, as shown by the character traits, the unconscious reactions, and the oral erotic tendencies which motivate the speech defect.

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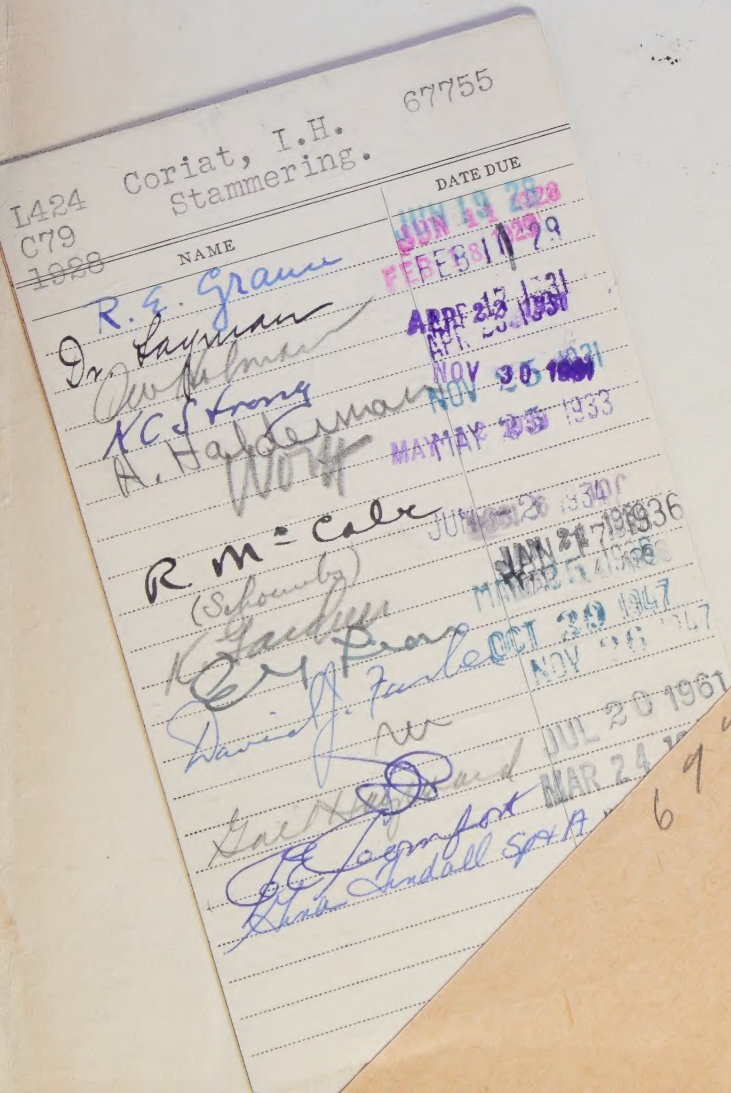

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